

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	

Attorney Docket Number::

PHOSPHODIESTERASE 4 INHIBITORS,  
INCLUDING AMINOINDAZOLE AND  
AMINO BENZOFURAN ANALOGS  
MEMORY 29

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	United States of America
Status::	FULL CAPACITY
Given Name::	Richard
Middle Name::	A.
Family Name::	SCHUMACHER
City of Residence::	Monroe
State or Province of Residence::	New York
Country of Residence::	United States of America
Street of Mailing Address::	16 Dorothy Drive
City of Mailing Address::	Monroe
State or Province of Mailing Address::	New York
Country of Mailing Address::	United States of America
Postal or Zip Code of Mailing Address::	10950

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: United States of America  
 Status:: FULL CAPACITY  
 Given Name:: Allen  
 Middle Name:: T.  
 Family Name:: HOPPER  
 City of Residence:: Glen Rock  
 State or Province of Residence:: New Jersey  
 Country of Residence:: United States of America  
 Street of Mailing Address:: 29 Dean Street  
 City of Mailing Address:: Glen Rock  
 State or Province of Mailing Address:: New Jersey  
 Country of Mailing Address:: United States of America  
 Postal or Zip Code of Mailing Address:: 07542

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: Canada  
 Status:: FULL CAPACITY  
 Given Name:: Ashok  
 Family Name:: TEHIM  
 City of Residence:: Ridgewood  
 State or Province of Residence:: New Jersey  
 Country of Residence:: United States of America  
 Street of Mailing Address::

City of Mailing Address:: 246 N. Walnut Street  
 State or Province of Mailing Address:: Ridgewood  
 Country of Mailing Address:: New Jersey  
 Postal or Zip Code of Mailing Address:: Unites States of America  
 07450

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/396,726	07/19/02

ASSIGNMENT INFORMATION

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

MEMORY PHARMACEUTICALS CORP.

100 Philips Parkway

Montvale

New Jersey

United States

07645-1800